

#3



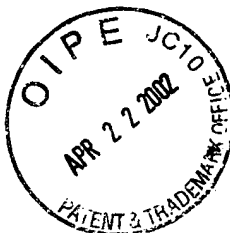
## UNITED STATES PATENT AND TRADEMARK OFFICE

EVO 52704115

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/092,944	03/05/2002	Todor J. Fay	MS1-783US

22801  
LEE & HAYES PLLC  
421 W RIVERSIDE AVENUE SUITE 500  
SPOKANE, WA 99201



CONFIRMATION NO. 7396

## FORMALITIES LETTER



\*OC00000007812927\*

Date Mailed: 04/08/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$852.
  - \$684 for 38 total claims over 20.
  - \$168 for 2 independent claims over 3.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1722.**

*A copy of this notice **MUST** be returned with the reply.*

04/25/2002 HTECKLU1 00000014 10092944

01 FC:101	740.00 CH
02 FC:103	684.00 CH
03 FC:102	168.00 CH
04 FC:105	130.00 CH

*J. L. Smith*  
Customer Service Center

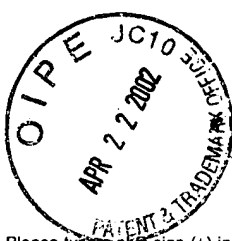
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/25/2002 HTECKLU1 00000014 120769 10092944

01 FC:101	740.00 CH
02 FC:103	684.00 CH
04 FC:105	130.00 CH

BEST AVAILABLE COPY



04-24-02

NP/B  
#3Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/092,944
	Filing Date	Mar 05, 2002
	First Named Inventor	Fay
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	MS1-783US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Post Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David A. Morasch
Signature	
Date	Apr. 22, 2002

CERTIFICATE OF EXPRESS MAILING			
I hereby certify that the items listed above as enclosed are being deposited with the U.S. Postal Service as Express Mail, in an envelope addressed to The Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the below-indicated date. The Express Mail No. has also been marked on the listed items.			
Typed or printed name		Express Mail No. <b>EVO52704115</b>	
Signature		Date	
		4/22/02	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY



EV052704115

#3

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Project Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 1,722.00

**Compleat if Known**

Application Number	10/092,944
Filing Date	Mar 05, 2002
First Named Inventor	Fay
Examiner Name	
Group Art Unit	
Attorney Docket No.	MS1-783US

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																													
<b>2.</b> <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
<b>FEE CALCULATION</b>																															
<b>1. BASIC FILING FEE</b>																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td>740</td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>740.00</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee	740	106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee		SUBTOTAL (1)			740.00		
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
101 740	201 370	Utility filing fee	740																												
106 330	206 165	Design filing fee																													
107 510	207 255	Plant filing fee																													
108 740	208 370	Reissue filing fee																													
114 160	214 80	Provisional filing fee																													
SUBTOTAL (1)			740.00																												
<b>2. EXTRA CLAIM FEES</b>																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>58</td><td>-20** = 38</td><td>18</td><td>684</td></tr><tr><td>Independent Claims</td><td>5</td><td>-3** = 2</td><td>84</td><td>168</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	58	-20** = 38	18	684	Independent Claims	5	-3** = 2	84	168	Multiple Dependent																
Total Claims	Extra Claims	Fee from below	Fee Paid																												
58	-20** = 38	18	684																												
Independent Claims	5	-3** = 2	84	168																											
Multiple Dependent																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 84</td><td>209 42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>852.00</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 84	202 42	Independent claims in excess of 3		104 280	204 140	Multiple dependent claim, if not paid		109 84	209 42	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			852.00		
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
103 18	203 9	Claims in excess of 20																													
102 84	202 42	Independent claims in excess of 3																													
104 280	204 140	Multiple dependent claim, if not paid																													
109 84	209 42	** Reissue independent claims over original patent																													
110 18	210 9	** Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2)			852.00																												
*or number previously paid, if greater; For Reissues, see above																															
		<b>Other fee (specify)</b> _____																													
		SUBTOTAL (3) (\$ ) 130.00																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David A. Morasch	Registration No. (Attorney/Agent)	42,905
Signature		Telephone	(509) 324-9256
		Date	Apr. 22, 2002

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY